

Interstate Telcom Consulting, Inc.

Independent Telecommunications Consultants

June 26, 2015

445 12th Street SW Office of the Secretary Ms. Marlene H. Dortch Federal Communications Commission Washington, DC 20554

PSC -Wisconsin Mr. Jeff Richter Madison, WI 53707 PO Box 7854

High-Cost and Low Income Recipients WC Docket No. 10-90, 11-42 and 14-58: Form 481 - Annual Reporting Requirements for

designated ETC, and as such, is submitting to the Commission information from FCC Form 481 Sharon Telephone Company, Study Area Code 330946. Sharon Telephone Company is a stateenclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for and 14-58. A confidential "Trade Secret" filing of this information was also made under Docket 10-90, 11-42 Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules,

phone at 320/848-6641. Should you have any questions, please contact me via e-mail at roxih@interstatetelcom.com or by

Roxi Hacker

Regulatory Consultant

Enclosures:

Ç **Brad Ellefson**

<3000>	Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to <2005> Bate of Batturn Carriers Brocoed to BOB Additional Documentation Workshoot Bate of Batturn Carriers Brocoed to BOB Additional Documentation Workshoot	<1100> Certify whether terrestrial backhaul options exist (Yes or No) (1110> (1200> Terms and Condition for Lifeline Customers		rice Offerings (voice) rice Offerings (broadband) Companies and Affiliates Offerings (Y/N)? Ces Rate Comparability Certification	<600> Functionality in Emergency Situations 330946WI610SharonWI-IL.pdf <610>		<400> Number of Complaints per 1,000 customers (voice) <410> 420> 420> Mobile 0.0 <420> 430> Number of Complaints per 1,000 customers (broadband) <440> 440> Fixed 450> Service Quality Standards & Consumer Protection Rules Compliance 330946WI510SharonWI-IL.pdf	<320> Unfulfilled Service Requests (broadband) 0 <	<310> Detail on Attempts (voice)	<100> Service Quality Improvement Reporting <200> Outage Reporting (voice) <210>	ANNUAL REPORTING FOR ALL CARRIERS	<039> Contact Email Address: Email of the person identified in data line <030> roxih@interstatetelcom.com	<035> Contact Telephone Number: 3208486641 ext. Number of the person identified in data line <030>	<030> Contact Name: Person USAC should contact Roxi Hacker with questions about this data	<020> Program Year 2016	Study Area Name	<010> Study Area Code 330946	FCC Form 481 - Carrier Annual Reporting OMB Control N Data Collection Form
(check to indicate certification) (complete attached worksheet)	Ineet Carriers (check to indicate certification) (complete attached worksheet)	(if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	(attach descriptive document)	(complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) [Yes]	(check to indicate certification) (attached descriptive document)	(attached descriptive document)	(check to indicate certification)	(attach descriptive	(attach descriptive	(complete attached worksheet) (complete attached worksheet)		com.com						OMB Control No. 3 July 2013
		,						(ve document)	document)	The state of the s	54.313 54.422 Completion Completion Required Required Check how when complete:							FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

	rvice Quality Improvement Reporting llection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08: July 2013	19
	Study Area Code	330946			
	Study Area Name	SHARON TEL C	:0		
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker 3208486641 e	ext.		
<035>	Contact Telephone Number - Number of person identified in data line <030>				
<039>	Contact Email Address - Email Address of person identified in data line <030> Has your company received its ETC certification from the FCC?		s/no) O		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes	s/no) O O		
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	330946WI112Sharon.pdf		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confir that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-year	1	Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets		Yes		
<114>	Report how much universal service (USF) support was received		Yes		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service qualit	y Yes		
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service cov	erage Yes]	
<117>	How much (USF) was used to improve service capacity and how support was used to improve	ove service capa	acity Yes	1	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		Not Applicable]	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
-								+			

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com
<701>	Residential Local Service Charge Effective Date 1/1/2015	
<702>	Single State-wide Residential Local Service Charge	

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					Coo of	tached worksheet			
					See at	tached worksneet			

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached { select }
ŀ									
				- See attacl	had				
				worksheet -	leu				
ŀ									

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	330946	
<015> Study Area Name	SHARON TEL CO	
<020> Program Vear	2016	

<012>	Study Area Name		SHARON TEL CO
<020>	Program Year		2016
<030>	Contact Name - Person	USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	roxih@interstatetelcom.com
<810>	Reporting Carrier	Sharon Telephone Company	
<811>	Holding Company	Sharon Telephone Company (IL & WI)	
<812>	Operating Company	Sharon Telephone Company	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
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	oal Lands Reporting ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code		330946		
<015>	Study Area Name		SHARON TEL CO		
<020>	Program Year		2016		_
<030>	Contact Name - Person USAC should contact regarding this data		Roxi Hacker		
<035>	Contact Telephone Number - Number of person identified in data line <0		3208486641 ext.		_
<039>	Contact Email Address - Email Address of person identified in data line <	030>	roxih@interstatetelcom.com		
<910>	Tribal Land(s) on which ETC Serves				
<920>	Tribal Government Engagement Obligation		Name of Attac	ned Document	
to confi demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 3(a)(9) includes:	Ye	Select es or No or ot Applicable		
<921> <922> <923> <924>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes				
<925>	Compliance with Land Use permitting requirements				
<926>	Compliance with Facilities Siting rules				
<927>	Compliance with Environmental Review processes	-			
<928>	Compliance with Cultural Preservation review processes				
<929>	Compliance with Tribal Business and Licensing requirements.	1			

-	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330946	
<015> <020>	Study Area Name	SHARON TEL CO	
<030>	Program Year Contact Name - Person USAC should contact regarding this data	2016 Roxi Hacker	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	a	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Study Area Code 335946	ifeline	rms and Condition for Lifeline Customers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
<015> Study Area Name <0202> Program Year <2030 Contact Name - Person USAC should contact regarding this data <0305 Contact Telephone Number - Number of person identified in data line <030> <0305 Contact Email Address - Email Address of person identified in data line <030> <0308 Contact Email Address - Email Address of person identified in data line <030> <0309 Contact Email Address - Email Address of person identified in data line <030> <0309 Contact Email Address - Email Address of person identified in data line <030> <0309 Fermion Registration Regi	Data Coll	ection Form			July 2013
<015> Study Area Name <0200 Program Year <0305 Contact Name - Person USAC should contact regarding this data <0305 Contact Name - Person USAC should contact regarding this data <0305 Contact Telephone Number - Number of person identified in data line <0305 and factor <0309 Contact Email Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address - Email Address of person identified in data line <0305 route (Final Address of person identified in data line <0305 route (Final Address of person identified in data line <0305 route (Final Address of person identified in data line <0305 route (Final Address of person identified in data line <0305 route (Final Address of person identified in data line <0305 route (Final Address of person identified in data line <0305 route (Final Address of person identified in data line <03	<010>	Study Area Code		330946	
 Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document **Name of Attached Document **Intp://www.sharontelephone.com/telephoneservices.html **Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to \$5.4.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: **Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, **Information the number of minutes provided as part of the plan, ***Information the number of minutes provided as part of the plan, ***Information the number of minutes provided as part of the plan, ***Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,					
Contact Name - Person USAC should contact regarding this data Root Hacker Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Took Hainterstatetelcom.com Supplementar		,			
Contact Telephone Number - Number of person identified in data line <030> 3208486661 ext. Contact Email Address - Email Address of person identified in data line <030> roxinginterstatetelcom.com Signature Signature		•			
Contact Email Address - Email Address of person identified in data line <030> roxin@interstatetelcom.com Forms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document Link to Public Website "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to \$54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, Details on the number of minutes provided as part of the plan,			line <030		
Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document **Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to \$54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: ***C1221*** Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, C1222* Details on the number of minutes provided as part of the plan,	<039>				
<1210> Terms & Conditions of Voice Telephony Lifeline Plans Name of Attached Document <1220> Link to Public Website HTTP http://www.sharontelephone.com/telephoneservices.html "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to \$ 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,				2200469710100	
Name of Attached Document Comparison of Attached Document Comparison of Attached Document				330946W11210SharonW1-1L.pdf	
Name of Attached Document Comparison of Attached Document Comparison of Attached Document					
<1220> Link to Public Website "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,	<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
<1220> Link to Public Website "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,					
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,					Name of Attached Document
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,	<1220s	I Loop III we be to			
or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,	\1220 >	Link to Public Website	HTTP	http://www.sharontelephone.com/te	lephoneservices.html
or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,			_		
§ 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,	"Please ch	neck these boxes below to confirm that the attached document(s), on line	e 1210,		
annually report: <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,	or the we	bsite listed, on line 1220, contains the required information pursuant to			
<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, <1222> Details on the number of minutes provided as part of the plan,	§ 54.422((a)(2) annual reporting for ETCs receiving low-income support, carriers mu	ust		
<1222> Details on the number of minutes provided as part of the plan,	annually r	report:			
<1222> Details on the number of minutes provided as part of the plan,					
<1222> Details on the number of minutes provided as part of the plan,	<1221>		V		
Details on the number of minutes provided as part of the plan,		telephony service plans offered to Lifeline subscribers,			
Details on the number of minutes provided as part of the plan,					
<1223> Additional charges for toll calls, and rates for each such plan.	<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223> Additional charges for toll calls, and rates for each such plan.					
ALLES Additional charges for constant, and faces for cach such plan.	<1223>	Additional charges for toll calls, and rates for each such plan			
	-12237	Additional charges for ton cans, and rates for each such plan.			

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010> Study Area Code	

<010>	Study Area Code	
<015>	Study Area Name	330946
<020>	Program Year	SHARON TEL CO
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	KOXI HACKET
<039>	Contact Email Address - Email Address of person identified in data line <030>	3208486641 ext.
		roxin@interstatetelcom.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

	nerica Phase II support as set forth in 47 CFR 9 54.313(p),(c),(d),(e). The information reported Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}	
<2011a>	3rd Year Certification {47 CFR § 54.313(b)(1)ii}	
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}	
		Name of Attached Document(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}	
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}	
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}	
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016>	Certification Support Used to Build Broadband	
	Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2017>	3rd year Broadband Service Certification	
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on line 2021,contain pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the addresses of community anchor institutions to which began providing access to broad preceding calendar year.	ne number, names, and
	,	
<2021>	Interim Progress Community Anchor Institutions	
		Name of Attached Degument(s) Listing Deguised Information

ata Coll	ate Of Return Carrier Additional Documentation lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	rection 1 of the		July 2013
	Study Area Code Study Area Name	330946	
<015> <020>	Study Area Name Program Year	SHARON TEL CO 2016	
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursual CFR § 54.313(f)(2). I further certify that th	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring he information reported on this form and in the documents attacl	
		330946WI3010Sharon.pdf	
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
		Name of Attached Document Listing Required Inform	ation
(3011)	Please check this box to confirm that the attached document(s), on line \S 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.		<u> </u>
		330946WI3012Sharon.pdf	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
		Name of Attached Document Listing Dequired Information	
(2012)	Is your company a Privately Hold DOD Coming (47 CED S E4 242/5/2)	Name of Attached Document Listing Required Information (Yes/No)	\bigcirc
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)	
	check these boxes to confirm that the attached document(s), on line 301	r, contains the required information pursuant to § 54.313(f)(z) compilance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	
. ,	(,		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014. Is your company audited?	Name of Attached Document Listing Required Information (Yes/No)	
(3018)	If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information (Yes/No)	
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3018)	If the response is yes on line 3018, please check the boxes below to	(Yes/No)	
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fi	(Yes/No) (Yes/No) (Yes/No)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to \S 54.313(f)(2), contains	(Yes/No) (Yes/No) (Yes/No)	
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fi	(Yes/No) (Ye	
(3019) (3020)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fit Document(s) for Balance Sheet, Income Statement and Statement of C	(Yes/No) (Ye	
(3019) (3020) (3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fit Document(s) for Balance Sheet, Income Statement and Statement of C Management letter and audit opinion issued by the independent certified put the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No) (Ye	
(3019) (3020)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement and Statement of C Management letter and audit opinion issued by the independent certified put fit the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	(Yes/No) (Ye	
(3019) (3020) (3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fit Document(s) for Balance Sheet, Income Statement and Statement of C Management letter and audit opinion issued by the independent certified pull fit he response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	(Yes/No) (Ye	
(3019) (3020) (3021) (3022)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fit Document(s) for Balance Sheet, Income Statement and Statement of C Management letter and audit opinion issued by the independent certified pull the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	(Yes/No) (Ye	
(3019) (3020) (3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter and audit opinion issued by the independent certified put fit the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	(Yes/No) (Ye	
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(3019) (3020) (3021) (3022) (3023) (3024)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter and audit opinion issued by the independent certified pull f the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification.	(Yes/No) (Ye	
(3019) (3020) (3021) (3022) (3023) (3024)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter and audit opinion issued by the independent certified pull fit the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification.	(Yes/No) (Ye	
(3019) (3020) (3021) (3022) (3022) (3023) (3024) (3025)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a formation of the statement of Comments of the statement o	(Yes/No) (Ye	
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(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

F1 11D 1 0	
Financial Data Summary	955250
(3027) Revenue	
(3028) Operating Expenses	1410974
(3029) Net Income	-92301
(3030) Telephone Plant In Service(TPIS)	12244512
(3031) Total Assets	8500094
(3032) Total Debt	271020
(3033) Total Equity	8229074
(3034) Dividends	0

Certificat Data Coll	Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	<010> Study Area Code	330946
<015>	<015> Study Area Name	SHARON TEL CO
<020>	<020> Program Year	2016
<030>	<030> Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 3208486641 ext.	3208486641 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> roxih@interstatetelcom.com	roxih@interstatetelcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.
Name of Reporting Carrier:
Signature of Authorized Officer:
Printed name of Authorized Officer:
Title or position of Authorized Officer:
Telephone number of Authorized Officer:
Study Area Code of Reporting Carrier: Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
3200/6	

	<035> Cor	<030> Cor	<020> Program Year	<015> Stu	<010> Stu
Contact Email Address - Email Address of person identified in data line <0.000 Tool 10.00	<035> Contact Telephone Number - Number of person identified in data line <030> 3208486641 ext.	<030> Contact Name - Person USAC should contact regarding this data	gram Year	<015> Study Area Name	<010> Study Area Code
rovibainteretateteloom com	3208486641 ext.	Roxi Hacker	2016	SHARON TEL CO	330946

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
I certify that (Name of Agent)ITCI is authorized to submit the information reported on behalf of the reporting carrier, also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.
Name of Authorized Agent: ITCI
Name of Reporting Carrier: SHARON TEL CO
Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/30/2015
Printed name of Authorized Officer: Brad Ellefson
Title or position of Authorized Officer: President
Telephone number of Authorized Officer: 2627369981 ext.
Study Area Code of Reporting Carrier: 330946 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements o
330946 Filing Due Date for this form: 07/01/2015	Study Area Code of Reporting Carrier:
yee of Agent: 3208486641 ext.	Telephone number of Authorized Agent or Employee of Agent: 3208486641 ext.
of Agent Regulatory Consultant	Title or position of Authorized Agent or Employee of Agent Regulatory Consultant
of Agent: Roxi Hacker	Printed name of Authorized Agent or Employee of Agent: Roxi Hacker
<pre>gent: CERTIFIED ONLINE</pre> Date: 06/30/2015	Signature of Authorized Agent or Employee of Agent:
: ITCI	Name of Authorized Agent or Employee of Agent:
SHARON TEL CO	Name of Reporting Carrier: SHARON
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	l, as agent for the reporting carrier, certify that the data reported herein based on data provide
Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	Certification o

Attachments

Sharon Telephone Company

Five Year Quality of Service Plan 2015-2019

Annual Progress Report & Map 2015

Progress Report

USF

Progress Report

Мар

SAC: 330946

State: Wisconsin

Sharon Telephone Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

rules including: and publically available tariffs which are in compliance with applicable State of Wisconsin orders and provided by Sharon Telephone Company are provided under internal company operating procedures As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services

Wisconsin State Statute 100.207 & 100.208 REGULATION OF TELECOMMUNICATIONS SERVICES

100.207(3) 100.207(2) Sales. Advertising. 100.208 100.207(4) Collection Practices. **Unfair Trade Practices.**

WI Chapter PSC 165 STANDARD FOR TELECOMMUNICATIONS SERVICE

165.032	165.020	165.010 General.
165.032 Schedules to be filed with the commission.	165.020 Definitions.	General.
	165.065	165.033
	Emergency operation.	Exchange area boundaries.

Wisconsin State Legislative Department of Agriculture, Trade & Consumer Protection (ATCP) 123 & 127 BILLING PRACTICES AND DIRECT MARKETING

123.06	123.04	123.02
123.06 Negative Option Billing	123.04 Subscription charges.	Disclosure to subscriber.
123.12	123.10	123.08
123.12 Activities regulated by PSC.	123.10 Prohibited practices.	123.08 Automatic renewal or extension.

Subchapter II – Telephone Solicitations

127.10	127.08	127.06	127.04	127.02
Unauthorized payment.	Prize promotions.	Disclosure prior to sale.	Opening disclosures.	Definitions.
127.20	127.18	127.16	127.14	127.12
127.20 Assisting violations.	Recordkeeping.	Prohibited practices.	Misrepresentations.	127.12 Credit card laundering.

Subchapter III – Mail Solicitations

127.40	127.38	127.36	127.34	127.32	127.30
Delivering ordered goods.	Unauthorized payment.	Prize promotions.	Disclosure prior to sale.	Opening disclosures.	Definitions.
	127.50	127.48	127.46	127.44	127.42
	Assisting violations.	Recordkeeping.	Prohibited practices.	Misrepresentations.	Credit card laundering.

SAC: 330946

State: Wisconsin

Sharon Telephone Company Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

Subchapter IV — Face-to-Face Solicitations

Opening disclosures.	127.72	127.72 Misrepresentations.
Disclosure prior to sale.	127.74	Prohibited practices.
127.66 Prize promotions.	127.76	127.76 Recordkeeping.
Unauthorized payment.	127.78	127.78 Assisting violations.
aut		

Subchapter V - Telephone Solicitations; State Do-Not-Call Registry

127.82	127.81	127.80
Do-Not-Call Registry.	Telephone solicitors; registration.	Definitions.
	127.84	127.83
	Recordkeeping.	Telephone solicitation practices.

including Lifeline Requirements, and Customer Proprietary Network Information (CPNI) rules. Sharon Telephone Company certifies it has complied with these requirements and those of the FCC

Page 1 of 1

SAC: 330946

State: Illinois

Sharon Telephone Company

Form 481 Line No: 510 Compliance with Service Quality Standards and Consumer Protection

under internal company operating procedures and publically available tariffs which are in compliance with applicable Illinois Commerce Commission orders and rules including: Standards of Quality of Service", the local services provided by Sharon Telephone Company are provided As required by Illinois Administrative Code "Title 83 Chapter 1 subchapter f Part 730 – subpart E:

SUBPART E: STANDARDS OF QUALITY OF SERVICE

- Section 730.500 Adequacy of Service
- Section 730.505 Operator Handled Calls
- Section 730.510 Answering Time
- Section 730.515 Central Office Administrative Requirements
- Section 730.520 Interoffice Trunks
- Section 730.525 Transmission Requirements
- Section 730.535 Interruptions of Service
- Section 730.540 Installation Requests
- <u>Section 730.545 Trouble Reports</u>
 <u>Section 730.550 Network Outages and Notification</u>

For more details visit:

http://www.ilga.gov/commission/jcar/admincode/083/08300730sections.html

Page 1 of 1

SAC: 330946

State: Wisconsin

Sharon Telephone Company

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Sharon Telephone Company pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- exceed the rule requirement to provide: illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or requirements, failures of lighting or power service, sudden and prolonged increases in traffic, Established reasonable provisions to meet emergencies resulting from national security
- Back up battery service in each central office.
- 0 Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- rerouting of traffic around damaged facilities and the deployment of emergency power. prevent or mitigate interruption or impairment of telecommunications service, including Informed employees as to procedures to be followed in the event of an emergency in order to

Page 1 of 1

SAC: 330946

State: Illinois

Sharon Telephone Company

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Pursuant to Illinois Administrative Code "Title 83 Chapter 1 subchapter f Part 730.325 Emergency Operation", Sharon Telephone Company complies with the following:

TITLE 83: 1f – 730.325 Emergency Operation

- Each local exchange carrier shall make provisions to meet emergencies resulting from minimize interruption or impairment of telecommunications service. employees as to procedures to be followed in the event of emergency in order to prevent or personnel, fire, storm, or other natural disasters. Each local exchange carrier shall inform failures of commercial or power service, sudden and prolonged increases in traffic, illness of
- b) Each existing central office will contain a reserve battery supply of 5 hours where connected within 5 hours. power generators, a mobile power unit shall be available that can be delivered and installed and 5 hours where they are in place. In central offices without installed emergency contain a reserve battery supply of 8 hours where emergency power generators are not maintenance shall be kept on site. New central offices or central offices being replaced shall Engineers (IEEE) standards as adopted in Section 730.340, and records verifying such office batteries shall be maintained in accordance with Institute of Electrical and Electronic emergency power generators are not installed and 3 hours where they are in place. Central
- C) In new central offices exceeding 3,000 working lines, a permanent power generator shall be shall be installed at the time of office replacement or battery replacement. installed. For existing central offices having over 3,000 lines, permanent power generators
- <u>d</u> Emergency generator units shall have available at least a 12 hour fuel supply.
- <u>e</u> Emergency generator units shall be tested under load once a month. A record of the test results shall be maintained

, ,	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	330946				
<015>	Study Area Name	SHARON TEL CO				
<020>	Program Year	2016				
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker				
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com				
<701> <702>	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge					
<703>						

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
WI	Sharon		FR	16.0	0.0	0.71	0.0	16.71
IL	South Sharon		FR	16.0	0.0	0.0	0.0	16.0

(710) Broadband Price Offerings	FCC Form 481		
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819		
	July 2013		

<010>	Study Area Code	330946
<015>	Study Area Name	SHARON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Roxi Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208486641 ext.
<039>	Contact Fmail Address - Email Address of person identified in data line <030>	roxihWinterstatetelcom com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	· <d3></d3>		<d4></d4>
		(1150)	Residential	State Regulated	Total Rates	Broadband Service -	Broadband Service	Usage Allowance	Usage Allowance
	State	Exchange (ILEC)	Rate	Fees	and Fees	Download Speed	-Upload Speed (Mbps)	(GB)	Action Taken
						(Mbps)			When Limit Reached (select)
	WI	Sharon	39.99	0.0	39.99	5.0	1.5	999999.0	Other, N/A
	WI	Sharon	49.99	0.0	49.99	10.0	1.5	999999.0	Other, N/A
	WI	Sharon	57.99	0.0	57.99	32.0	5.0	999999.0	Other, N/A
	WI	Sharon	99.99	0.0	99.99	110.0	10.0	999999.0	Other, N/A
	IL	South Sharon	39.99	0.0	39.99	5.0	1.5	999999.0	Other, N/A
	IL	South Sharon	49.99	0.0	49.99	10.0	1.5	999999.0	Other, N/A
	IL	South Sharon	57.99	0.0	57.99	32.0	5.0	999999.0	Other, N/A
	IL	South Sharon	99.99	0.0	99.99	110.0	10.0	999999.0	Other, N/A
								•	

LINE 1010 – VOICE SERVICES RATE COMPARABILITY

services is \$47.48, which includes the federal subscriber line charge ("SLC"). The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice

SLC (\$6.50) and other state fees are included, the rate becomes \$23.21. local rate, including any mandatory extended area service charge, is \$16.00. When the federal In the exchange of Sharon served by the Sharon Telephone Company, the single-line residential

federal SLC (\$6.50) and other state fees are included, the rate becomes \$22.50. residential local rate, including any mandatory extended area service charge, is \$16.00. When the In the exchange of South Sharon served by the Sharon Telephone Company, the single-line

comparability benchmark of \$47.48. Therefore, the Company's pricing of fixed voice services is less than the reasonable

State: Wisconsin

Sharon Telephone Company

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

Sharon Telephone Company offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

PSC 160.03 Essential telecommunications services.

- essential telecommunications services. Each local exchange service provider shall make available to all its customers at affordable prices all
- 2 "Essential telecommunications services" means all the following:
- (a) Single-party voice-grade service with:
- 1. Line quality capable of facsimile transmission.
- Line quality capable of data transmission as specified in s.PSC 160.031
- ω Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
- authorities. Access to emergency services numbers and 9-1-1 operability where requested by local
- Ģ Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
- 9 conditions imposed by commission orders and rules. Equal access to intralata interexchange carriers pursuant to schedules, terms and
- 7. simultaneously active on the line or channel being used by the customer Single party revertive calling, if 2 or more pieces of customer premises equipment can be
- ∞ defined by the commission. A reasonably adequate number of calls within a reasonably adequate local calling area as
- 9. Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
- 10. Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users
- 11. Access to operator service.
- 12. Access to directory assistance.
- Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
- 14. Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
- 15. A directory listing with the option for non-listed and non-published service
- <u></u> Annual distribution of a local telephone directory in accordance with s.PSC 165,955
- (c) Timely repair.

PSC 160.04 Toll blocking.

the local exchange service provider by the commission. calls and the capability to block extended community calling unless a timely waiver has been granted to capability to block all long distance calls and, separately, the capability to block 900 and 976 number (1) BLOCKING OBLIGATIONS. Every local exchange service provider in the state shall offer the

State: Wisconsin

Sharon Telephone Company

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and

- standard business line customers. at no charge other than for second and subsequent service activation orders for other residential and
- service numbers appropriate for the customer's location. (3) EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency
- Sharon Telephone Company's Lifeline service offerings are listed in their Local Service Tariff Section 9, Sheet 1-2 (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Sharon Telephone Company does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

PSC 160.02 Definitions

- ∞ "Low-income" means a household that receives benefits from one or more of the following programs
- (a) Wisconsin Works
- **b** Medical Assistance
- (C) Supplemental security income
- (b) Food stamps
- <u>e</u> The low income household energy assistance program
- \oplus The Wisconsin homestead tax credit
- households with income levels equal to or less than 200% of the poverty line As approved by the commission, other state or federally administered programs for

PSC 160.06 Eligibility for low-income programs.

- eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following: (1) LOW-INCOME ASSISTANE ELIGIBILITY. Local exchange service providers shall verify an applicant's
- a An active client of at least one of the programs listed in s.PSC 160.02(8).
- 豆 under at least one of the programs listed in s. PSC 160.02(8). A member of the active client's household whose low income qualifies the client for benefits
- <u>C</u> may be used to determine eligibility. is made on or before June $30^{\rm th}$, then the tax year prior to the most recently completed tax year records of the Wisconsin department of revenue and if application for low-income assistance the applicant's tax filing for the most recently completed tax year has not been posted to the A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If

State: Wisconsin

Sharon Telephone Company

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- 2 ELIGIBILITY RECONFIRMATION. Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.
- <u>3</u> ELIGIBILITY INQUIRY. Local exchange service providers shall inquire of the customer regarding disconnection or payment arrangements. service and, orally or in writing, in the first contact with a customer during a year concerning eligibility of that customer for low-income programs on each order for initial or moved residential
- **(**4) QUERY AUTHORIZATION. Local exchange service providers shall comply with client authorization Customers shall complete and remit any reasonably required query authorization forms or forfeit of revenue, or other state agencies for database queries necessary for eligibility verification. requirements of the Wisconsin department of workforce development, the Wisconsin department
- (5) EXCEPTIONS. Lifeline and Link-Up programs are not available to customers who are dependents for years of age. federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60

PSC 160.062 Lifeline program.

(1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.

(2)

- (a) excluding extended community calling calls. charges billed on the telephone bill, the federal subscriber line charge and 120 local calls The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1
- **(d)** than \$22, the lifeline monthly rate shall be \$15. The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. <u>(a)</u> minus \$7 or, if the total of the monthly residential rates for the items in par. <u>(a)</u> is greater
- <u>C</u> Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than \$3 or more
- (3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a month's prior bill. state agencies precedes the last bill date prior to application, credit shall also be given for one Wisconsin department of workforce development, the Wisconsin department of revenue, or other back credit will be given. In cases where a customer's eligibility date as found in the records of the lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear appear on an eligible customer's bill on the next bill date following the date of application for customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to

4

- (a) eligibility requirements. Eligibility for lifeline assistance continues until the next bill date following a failure to meet
- 更 lifeline assistance from the customer's bill. of eligibility shall be re-verified by the local exchange service provider before removing the the bill date in the next December following the close of the heating season. At that time, lack qualifying income assistance programs, the eligibility for lifeline assistance shall continue until When the low income household energy assistance program is one of the customer's

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Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

<u>C</u> local exchange service provider before removing the lifeline assistance from the customer's following the end of the tax year. At that time, lack of eligibility shall be re-verified by the programs, the eligibility for lifeline assistance continues until the bill date in the next June When the homestead tax credit is one of the customer's qualifying income assistance

- 5 Local exchange service providers may receive reimbursement from the universal service fund for the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds. 100% of that portion of the standard authorized rate for service which is in excess of the amount of
- 6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for subject to disconnection may be counseled to accept toll blocking. of toll charges billed by the local exchange service provider. Customers that otherwise would be than one month's local service bill, and may not be disconnected from local service for nonpayment service if they voluntarily accept toll blocking, may not be requested to pay in advance for more
- \Im A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

PSC 160.063 Outreach for low-income assistance programs.

- (1) Funding shall be available to fund collaborative partnerships between community-based populations in the universal service fund low-income support programs organizations and telecommunications providers to increase participation of the eligible
- 2 Funding from the universal service fund for these collaborative efforts shall not exceed \$250,000 in
- (3) The commission shall annually review and grant funding based on complete responses to a request focused statewide and one project focused on the Milwaukee area, if feasible. for proposals. Funding shall be limited to not more than 6 projects with at least one project
- **(**4) The commission shall contract for an evaluation of the effectiveness of this program in promoting shall be included as part of the \$250,000 maximum total funding available under this section during enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed \$25,000. This \$25,000 the year in which the evaluation occurs.

PSC 160.08 Telecommunications customer assistance program.

to certain low-income households with payment problems. The commission shall determine on a caseessential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service increasing or stabilizing subscription levels for non-optional, essential telephone service within its telecommunications customer assistance programs that meet authorized goals and objectives for service fund monies. by-case basis whether or not a telecommunications customer assistance program may receive universal households with payment problems. Such programs may allow a provider to not make available certain service territory or to address avoidance of disconnection or limitation of service to low-income The commission may authorize individual telecommunications providers to establish

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UR-14 (5-84)

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Sharon Telephone Company

Utility Name

LIFELINE PROGRAM

A. Description

discounted rate to low income customers, as defined in s. low-income customers. 160.062(1), (2) and (3), Wis. Adm. Code and are available to all qualified Lifeline is a program designed to provide telephone service at a monthly Adm. Code. Lifeline rates are established according to s. PSC PSC 160.02(8),

B. Regulations

residential customers with a single telephone line per household. The Lifeline Program is available only to qualifying low-income

toll charges. Customers may not be disconnected from Lifeline service for non-payment of

service. toll blocking, a service deposit may not be collected to initiate Lifeline If toll blocking is available and the customer has voluntarily elected

or the Wisconsin Department of Revenue. company Participation in the specified programs must be verified by the telephone through the Wisconsin Department of Workforce Development (DWD),

Customers shall complete and remit any query authorization forms or forfeit eligibility. Verification of eligibility will be deemed to be the income assistance programs, or to be a recipient of the Wisconsin homestead tax credit in the past year. customer in the active records of DWD for at least one of the specified finding of the Social Security Number (SSN) and name of the listed

following the date of application for the Lifeline Program. In cases where a customer's eligibility date as found in DWD records or the records Credits will appear on an eligible customer's bill on the bill date next to application, credit will also be given on one month's prior bill. the Wisconsin Department of Revenue precedes the last bill date prior

ttion by Order No.:	May 1, 2000	ervice Rendered on and after:
Letter Date		Date Issued
17 2000		

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE

	Name of Utility	SHARON TELEPHONE COMPANY	
Amendment No.	Sheet No.	Section No.	Exchange
603	2	9	ALL

LIFELINE PROGRAM

B. Regulations (Continued)

date next following a failure to find the customer's SSN in the DWD records. eligibility for the Lifeline Program will continue until programs includes LIEAP or the Wisconsin homestead tax credit, Except in cases where a customer's qualifying income assistance the bill

removing the Lifeline assistance from the customer's bill. programs, the Lifeline assistance will When LIEAP is in December next lack of eligibility will be reverified by the Company before one of the customer's qualifying income assistance Lifeline assistance will continue until the bill date following the close of the heating season. At that

customer's bill. by the Company before removing the Lifeline assistance continues until the bill date in the next June following the end of income assistance programs, the eligibility for Lifeline assistance When the homestead tax credit is one of the customer's qualifying the tax year. At that time, lack of eligibility will be reverified from

Section 152(1986) unless the customer is more than 60 years of age. dependents for federal income tax purposes as The Lifeline Program is not available to customers who are defined in 26 U.S.C.

C. Rates

applying a credit based on 2. following. the sum of the rates for the services specified in The applicable monthly rate for lifeline service is determined by i. following and

- Residential Local Monthly Access Line Rate Residential Touch Tone Rate (if applicable) Federal Subscriber Line Charge
 911 Charge
- 2. The Lifeline Service monthly credit is \$10.00

Letter	PSCW Authorization by order No.	Issued	
		Applicable to bills rendered on and after	
		September 13, 2012	

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State: Illinois

Sharon Telephone Company

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

Sharon Telephone Company offers Lifeline Service credit according to basic service requirements listed in Illinois Administrative Code 757.400 and 757.425:

Section 757.400 Lifeline Service Requirements

- a) Each eligible telecommunications carrier shall participant in the Lifeline Program adopted by the FCC in 47 CFR 54. Subpart E as of February 6, 2013. This incorporation does not include any later amendments or editions.
- <u>b</u> Each eligible telecommunications carrier shall comply with all Lifeline Program requirements not include any later amendments or editions. adopted by the FCC in 47 CFR 54.Subpart E as of February 6, 2013. This incorporation does
- C) if any, established by Commission Order. Each eligible telecommunications carrier shall meet additional Lifeline service requirements,
- d) operations. Any LEC seeking administrative cost reimbursement shall complete Exhibit B and Each eligible telecommunications carrier shall complete Exhibit A and file an original of this of each calendar quarter. Carriers that have eligible telecommunications carrier designations report with the Chief Clerk of the Illinois Commerce Commission within 30 days after the end 30 days after the end of each calendar year. file an original of this report with the Chief Clerk of the Illinois Commerce Commission within for both wireline and wireless operations shall report separately for wireline and wireless

Section 757.425 Lifeline Eligibility

individual must: In order to be eligible to receive benefits under the Lifeline Program described in this Subpart E an

- Meet Lifeline Program eligibility criteria adopted by the FCC in 47 CFR 54.Subpart E as of February 6, 2012. This incorporation does not include any later amendments or editions.
- b) Meet additional eligibility criteria, if any, established by the Commission pursuant to Section 757.100(d).

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State: Wisconsin

Sharon Telephone Company

Form 481 Line No.: 3010 Milestone Certification

of at least 10 Mbps downstream/1 Mbps upstream broadband service with latency suitable for real-time upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps at least 4 Mbps downstream/I Mbps upstream. Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 comparable offerings in urban areas and that requests for such service are met within a reasonable applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to Sharon Telephone Company hereby certifies that throughout 2014, it took reasonable steps to provide downstream/1Mbps upstream is reasonable, the Company offers broadband service at actual speeds of

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SAC:

State: 330946 Wisconsin

Sharon Telephone Company

Form 481 Line No.: 3012 Community Anchor Institutions

ETC newly began providing broadband service. The FCC's USF/ICC Transformation Order requires a listing of community anchor institutions to which the

In 2014, Sharon Telephone Company did not add any new anchor institutions.

Sharon Telephone Company

Financial Data 2014 - 2013